APPROVAL FOR STUDY ABROAD

Name: ___________________________  PID #: ___________________________

Major: ___________________________  Advisor: ___________________________

Year: (Circle one)  
Freshman  Sophomore  Junior  Senior

Estimated number of credits that you are requesting to be transferred subject to review upon receipt of Official Transcript:

At what University/College do you intend to study?

________________________________________

________________________________________

________________________________________

(Country)

Sponsoring Organization:

___ SUNY Purchase
___ Other SUNY College (Specify:__________________________)
___ Other American College (Non SUNY)  (Specify:__________________________)
___ Other (Specify: ________________________________)
___ Visiting Student (Non-Sponsored)  (Specify where: ______________________)

Dates of Off-Campus study:

___ Fall 20___ only
___ Spring 20___ only
___ Summer 20___
___ Winter session 20___
___ Academic Year 20___-20___

Please indicate in two or three sentences what your academic objectives are for going abroad.

________________________________________

________________________________________

________________________________________

Please indicate academic program to be followed, including course titles (attach catalog descriptions)

________________________________________

________________________________________

________________________________________

________________________________________

ALL SIGNATURES ARE REQUIRED FOR FINAL APPROVAL

Dir of Int’l Ed. Signature  Faculty Advisor Signature  Associate Dean Signature

RETURN THIS COMPLETED FORM TO THE REGISTRAR’S OFFICE
STUDY ABROAD STUDENTS MUST ALSO COMPLETE AN APPLICATION TO TRANSFER CREDITS

FOR OFFICE USE ONLY:  ALOA: Y / N  FROM__________ TO __________

UPDATED:  BANNER_____ MEMO _____  DATE __________  INITIAL _____